

# IADT MAR-SOC Membership Form

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## SEC A - Contact Details & Personal Info

(PLEASE PROVIDE ALL INFO IN BLOCK PRINT)

Name(Legal name required):

Phone Number:

D.O.B(DD/MM/YYYY):

Address:

E-mail:

Course:

Year Group:

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## SEC B - Medical History

### ***Emergency Contact Details***

Name:

Relation:

Phone Number:

### ***Medical Information (If not relevant fill N/A)***

Is there any medical information that the Instructor needs to be aware of e.g.  
Allergies, Conditions or etc.

Any known drug allergies:

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## SEC C - Background Info

### ***Additional Info (If not relevant fill N/A)***

Martial Art:

Style:

Belt level/Rank:

Association/Organisation:

Years of experience:

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**SEC D - Acknowledgement & Declaration****Consent to video and photographing:**

Images and videos will not be used for any reason other than for social media and promotional purposes.

**YES ( )      NO ( )**

**Have you read the CoC (Code of Conduct)?**

**YES ( )**

I hereby acknowledge that I have read MAR-SOC's Code of Conduct and agree to it.  
I also hereby agree to and consent to the relevant people such as the Cadre or Medical Officer/s of MAR-SOC to have this information.

Signed:

Date: